

FILED JAN 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2565
State File No. 406

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 406	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) township _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		2099	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 4518 N 19TH ST.				d. STREET ADDRESS (If rural, give location) 4518 N 19TH ST.			
3. NAME OF DECEASED (Type or Print)		a. (First) ROY I.		b. (Middle) (AKA Roy Carl)		c. (Last) GREENWAY	
4. DATE OF DEATH		(Month) JAN		(Day) 14		(Year) 1951	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1	8. DATE OF BIRTH 4-18-1896	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 YEAR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK		10b. KIND OF BUSINESS OR INDUSTRY DRUG STORE		11. BIRTHPLACE (State or foreign country) FLOKISSANT Mo		12. CITIZEN OF WHAT COUNTRY? U	
13a. FATHER'S NAME A-J. GREENWAY		13b. MOTHER'S MAIDEN NAME ELLEN WILF		14. NAME OF HUSBAND OR WIFE GERTRUDE GREENWAY			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 498-01-9498		17. INFORMANT'S SIGNATURE OR NAME Gertrude Greenway			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic nephritis (CKD)		INTERVAL BETWEEN ONSET AND DEATH 6 mo			
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Ch. Bronchial Asthma					
		DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 241X			
22. I hereby certify that I attended the deceased from Oct 1, 1930 to Jan 14, 1951 , that I last saw the deceased alive on 1-14 , 19 51 , and that death occurred at 1:30 A m., from the causes and on the date stated above.							
23a. SIGNATURE Travis M. Hefner		(Degree or title) MD		23b. ADDRESS 4114 W. J. H. Street		23c. DATE SIGNED 1/15/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-17-51		24c. NAME OF CEMETERY OR CREMATORY New Bethlehem		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
DATE REC'D BY LOCAL REG. JAN 15 1951		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE A. Knowlton		ADDRESS 2707 W. Grand	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

[Handwritten signature]

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Stanley H. Dixon

Licensed Embalmer No. *4193*

P. O. Address *St. Louis*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.